. No. 2
-12-45
5-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43353

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Wright
(b) City or town MTN GROVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town MTN GROVE
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Levi Royal
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PAIRASETTA Royal
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT (Month) 21 (Day) 1881 (Year)
8. AGE: Years 65 Months 0 Days 21 If less than one day hr. min.
9. Birthplace MTN GROVE (City, town, or county) Missouri (State or foreign country)
10. Usual occupation LABORER
11. Industry or business NONE
FATHER 12. Name GEORGE Royal
FATHER 13. Birthplace UNKNOWN (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant PAIRASETTE Royal
(b) Address MTN GROVE Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation LONE STAR CEMETERY
18. (a) Signature of funeral director Russell W. Barbi
(b) Address Mtn. Grove, Mo.
19. (a) 12-24-46 (Date received local registrar) (b) A. G. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1946 hour 9 minute 9 A.M.
21. I hereby certify that I attended the deceased from Nov. 1 - 1946 to Nov. 12 - 1946 that I last saw him alive on Nov. 11 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Mtn. Grove Mo. Date signed 11-12-46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Russell W. Barber

Licensed Embalmer No. 3848

P. O. Address. Mtn Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.